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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875   |   |   |                            | Application or Docket Number<br><b>10/529,506</b> | Filing Date<br><b>10/11/2005</b> | <input type="checkbox"/> To be Mailed |                               |     |                            |                            |           |   |   |                  |            |  |           |                            |                   |     |              |              |           |          |           |          |   |      |       |       |     |        |    |  |     |                              |     |       |      |     |   |     |        |     |  |     |  |                                  |                       |    |                       |     |  |  |  |           |   |        |  |        |  |   |   |            |            |            |              |  |  |  |           |   |   |                  |           |                        |           |                        |                               |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |     |  |  |  |  |  |  |  |  |
|---|---|---|----------------------------|---|----------------------------------|---------------------------------------|-------------------------------|-----|----------------------------|----------------------------|-----------|---|---|------------------|------------|--|-----------|----------------------------|-------------------|-----|--------------|--------------|-----------|----------|-----------|----------|---|------|-------|-------|-----|--------|----|--|-----|------------------------------|-----|-------|------|-----|---|-----|--------|-----|--|-----|--|----------------------------------|-----------------------|----|-----------------------|-----|--|--|--|-----------|---|--------|--|--------|--|---|---|------------|------------|------------|--------------|--|--|--|-----------|---|---|------------------|-----------|------------------------|-----------|------------------------|-------------------------------|---|-------|----|---|--------|----|--------|------------------------------|---|-------|-----|---|--------|----|--------|--|--|--|--|-----------------------|----|-----------------------|-----|--|--|--|--|--|--|--|--|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding-bottom: 5px;">APPLICATION AS FILED – PART I</th> <th colspan="4" style="text-align: right; padding-bottom: 5px;">OTHER THAN<br/>SMALL ENTITY</th> </tr> <tr> <th style="text-align: center; padding-bottom: 5px;">(Column 1)</th> <th style="text-align: center; padding-bottom: 5px;">(Column 2)</th> <th colspan="2" style="text-align: center; padding-bottom: 5px;">SMALL ENTITY <input type="checkbox"/> OR</th> <th colspan="2" style="text-align: center; padding-bottom: 5px;">OTHER THAN<br/>SMALL ENTITY</th> </tr> </thead> <tbody> <tr> <td style="padding-bottom: 5px;">FOR</td> <td style="padding-bottom: 5px;">NUMBER FILED</td> <td style="padding-bottom: 5px;">NUMBER EXTRA</td> <td style="padding-bottom: 5px;">RATE (\$)</td> <td style="padding-bottom: 5px;">FEE (\$)</td> <td style="padding-bottom: 5px;">RATE (\$)</td> <td style="padding-bottom: 5px;">FEE (\$)</td> </tr> <tr> <td style="padding-bottom: 5px;"><input type="checkbox"/> BASIC FEE<br/>(37 CFR 1.16(a), (b), or (c))</td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;"></td> </tr> <tr> <td style="padding-bottom: 5px;"><input type="checkbox"/> SEARCH FEE<br/>(37 CFR 1.16(k), (l), or (m))</td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;"></td> </tr> <tr> <td style="padding-bottom: 5px;"><input type="checkbox"/> EXAMINATION FEE<br/>(37 CFR 1.16(o), (p), or (q))</td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;"></td> </tr> <tr> <td style="padding-bottom: 5px;">TOTAL CLAIMS<br/>(37 CFR 1.16(i))</td> <td style="padding-bottom: 5px;">minus 20 =</td> <td style="padding-bottom: 5px;">*</td> <td style="padding-bottom: 5px;">X \$ =</td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;">X \$ =</td> <td style="padding-bottom: 5px;"></td> </tr> <tr> <td style="padding-bottom: 5px;">INDEPENDENT CLAIMS<br/>(37 CFR 1.16(h))</td> <td style="padding-bottom: 5px;">minus 3 =</td> <td style="padding-bottom: 5px;">*</td> <td style="padding-bottom: 5px;">X \$ =</td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;">X \$ =</td> <td style="padding-bottom: 5px;"></td> </tr> <tr> <td style="padding-bottom: 5px;"><input type="checkbox"/> APPLICATION SIZE FEE<br/>(37 CFR 1.16(s))</td> <td colspan="3" style="padding-bottom: 5px;">If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. 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See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |            |            | TOTAL      | TOTAL        |  | <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) |  |           |   |   |                  |           |                        |           |                        |                               |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |     |  |  |  |  |  |  |  |  |
| APPLICATION AS FILED – PART I   |   |   | OTHER THAN<br>SMALL ENTITY |   |                                  |                                       |                               |     |                            |                            |           |   |   |                  |            |  |           |                            |                   |     |              |              |           |          |           |          |   |      |       |       |     |        |    |  |     |                              |     |       |      |     |   |     |        |     |  |     |  |                                  |                       |    |                       |     |  |  |  |           |   |        |  |        |  |   |   |            |            |            |              |  |  |  |           |   |   |                  |           |                        |           |                        |                               |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |     |  |  |  |  |  |  |  |  |
| (Column 1)  | (Column 2)  | SMALL ENTITY <input type="checkbox"/> OR    |                            | OTHER THAN<br>SMALL ENTITY                        |                                  |                                       |                               |     |                            |                            |           |   |   |                  |            |  |           |                            |                   |     |              |              |           |          |           |          |   |      |       |       |     |        |    |  |     |                              |     |       |      |     |   |     |        |     |  |     |  |                                  |                       |    |                       |     |  |  |  |           |   |        |  |        |  |   |   |            |            |            |              |  |  |  |           |   |   |                  |           |                        |           |                        |                               |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |     |  |  |  |  |  |  |  |  |
| FOR   | NUMBER FILED  | NUMBER EXTRA                                | RATE (\$)                  | FEE (\$)  | RATE (\$)                        | FEE (\$)                              |                               |     |                            |                            |           |   |   |                  |            |  |           |                            |                   |     |              |              |           |          |           |          |   |      |       |       |     |        |    |  |     |                              |     |       |      |     |   |     |        |     |  |     |  |                                  |                       |    |                       |     |  |  |  |           |   |        |  |        |  |   |   |            |            |            |              |  |  |  |           |   |   |                  |           |                        |           |                        |                               |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |     |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))   | N/A   | N/A   | N/A                        |   | N/A                              |                                       |                               |     |                            |                            |           |   |   |                  |            |  |           |                            |                   |     |              |              |           |          |           |          |   |      |       |       |     |        |    |  |     |                              |     |       |      |     |   |     |        |     |  |     |  |                                  |                       |    |                       |     |  |  |  |           |   |        |  |        |  |   |   |            |            |            |              |  |  |  |           |   |   |                  |           |                        |           |                        |                               |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |     |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))  | N/A   | N/A   | N/A                        |   | N/A                              |                                       |                               |     |                            |                            |           |   |   |                  |            |  |           |                            |                   |     |              |              |           |          |           |          |   |      |       |       |     |        |    |  |     |                              |     |       |      |     |   |     |        |     |  |     |  |                                  |                       |    |                       |     |  |  |  |           |   |        |  |        |  |   |   |            |            |            |              |  |  |  |           |   |   |                  |           |                        |           |                        |                               |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |     |  |  |  |  |  |  |  |  |
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| TOTAL CLAIMS<br>(37 CFR 1.16(i))  | minus 20 =  | *   | X \$ =                     |   | X \$ =                           |                                       |                               |     |                            |                            |           |   |   |                  |            |  |           |                            |                   |     |              |              |           |          |           |          |   |      |       |       |     |        |    |  |     |                              |     |       |      |     |   |     |        |     |  |     |  |                                  |                       |    |                       |     |  |  |  |           |   |        |  |        |  |   |   |            |            |            |              |  |  |  |           |   |   |                  |           |                        |           |                        |                               |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |     |  |  |  |  |  |  |  |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))  | minus 3 =   | *   | X \$ =                     |   | X \$ =                           |                                       |                               |     |                            |                            |           |   |   |                  |            |  |           |                            |                   |     |              |              |           |          |           |          |   |      |       |       |     |        |    |  |     |                              |     |       |      |     |   |     |        |     |  |     |  |                                  |                       |    |                       |     |  |  |  |           |   |        |  |        |  |   |   |            |            |            |              |  |  |  |           |   |   |                  |           |                        |           |                        |                               |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |     |  |  |  |  |  |  |  |  |
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| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))  |   |   |                            |   |                                  |                                       |                               |     |                            |                            |           |   |   |                  |            |  |           |                            |                   |     |              |              |           |          |           |          |   |      |       |       |     |        |    |  |     |                              |     |       |      |     |   |     |        |     |  |     |  |                                  |                       |    |                       |     |  |  |  |           |   |        |  |        |  |   |   |            |            |            |              |  |  |  |           |   |   |                  |           |                        |           |                        |                               |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |     |  |  |  |  |  |  |  |  |
| APPLICATION AS AMENDED – PART II  |   |   |                            |   |                                  |                                       |                               |     |                            |                            |           |   |   |                  |            |  |           |                            |                   |     |              |              |           |          |           |          |   |      |       |       |     |        |    |  |     |                              |     |       |      |     |   |     |        |     |  |     |  |                                  |                       |    |                       |     |  |  |  |           |   |        |  |        |  |   |   |            |            |            |              |  |  |  |           |   |   |                  |           |                        |           |                        |                               |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |     |  |  |  |  |  |  |  |  |
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| (Column 1)  | (Column 2)  | (Column 3)                                  | SMALL ENTITY               |   | OTHER THAN<br>SMALL ENTITY       |                                       |                               |     |                            |                            |           |   |   |                  |            |  |           |                            |                   |     |              |              |           |          |           |          |   |      |       |       |     |        |    |  |     |                              |     |       |      |     |   |     |        |     |  |     |  |                                  |                       |    |                       |     |  |  |  |           |   |        |  |        |  |   |   |            |            |            |              |  |  |  |           |   |   |                  |           |                        |           |                        |                               |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |     |  |  |  |  |  |  |  |  |
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| <b>11/12/2007</b>   |   |   |                            | X \$ =  | OR                               | X \$50=                               | 0                             |     |                            |                            |           |   |   |                  |            |  |           |                            |                   |     |              |              |           |          |           |          |   |      |       |       |     |        |    |  |     |                              |     |       |      |     |   |     |        |     |  |     |  |                                  |                       |    |                       |     |  |  |  |           |   |        |  |        |  |   |   |            |            |            |              |  |  |  |           |   |   |                  |           |                        |           |                        |                               |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |     |  |  |  |  |  |  |  |  |
| Total (37 CFR 1.16(i))  | * 16  | Minus                                       | ** 20                      | = 0   | X \$ =                           | OR                                    | X \$210=                      | 840 |                            |                            |           |   |   |                  |            |  |           |                            |                   |     |              |              |           |          |           |          |   |      |       |       |     |        |    |  |     |                              |     |       |      |     |   |     |        |     |  |     |  |                                  |                       |    |                       |     |  |  |  |           |   |        |  |        |  |   |   |            |            |            |              |  |  |  |           |   |   |                  |           |                        |           |                        |                               |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |     |  |  |  |  |  |  |  |  |
| Independent (37 CFR 1.16(h))  | * 7   | Minus                                       | ***3                       | = 4   | X \$ =                           | OR                                    | X \$ =                        |     |                            |                            |           |   |   |                  |            |  |           |                            |                   |     |              |              |           |          |           |          |   |      |       |       |     |        |    |  |     |                              |     |       |      |     |   |     |        |     |  |     |  |                                  |                       |    |                       |     |  |  |  |           |   |        |  |        |  |   |   |            |            |            |              |  |  |  |           |   |   |                  |           |                        |           |                        |                               |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |     |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |   |                            | TOTAL<br>ADD'L<br>FEE                             | OR                               | TOTAL<br>ADD'L<br>FEE                 | 840                           |     |                            |                            |           |   |   |                  |            |  |           |                            |                   |     |              |              |           |          |           |          |   |      |       |       |     |        |    |  |     |                              |     |       |      |     |   |     |        |     |  |     |  |                                  |                       |    |                       |     |  |  |  |           |   |        |  |        |  |   |   |            |            |            |              |  |  |  |           |   |   |                  |           |                        |           |                        |                               |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |     |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |   |                            |   |                                  |                                       |                               |     |                            |                            |           |   |   |                  |            |  |           |                            |                   |     |              |              |           |          |           |          |   |      |       |       |     |        |    |  |     |                              |     |       |      |     |   |     |        |     |  |     |  |                                  |                       |    |                       |     |  |  |  |           |   |        |  |        |  |   |   |            |            |            |              |  |  |  |           |   |   |                  |           |                        |           |                        |                               |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |     |  |  |  |  |  |  |  |  |
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| <b>Total (37 CFR 1.16(i))</b>   | *   | Minus                                       | **                         | =   | X \$ =                           | OR                                    | X \$ =                        |     |                            |                            |           |   |   |                  |            |  |           |                            |                   |     |              |              |           |          |           |          |   |      |       |       |     |        |    |  |     |                              |     |       |      |     |   |     |        |     |  |     |  |                                  |                       |    |                       |     |  |  |  |           |   |        |  |        |  |   |   |            |            |            |              |  |  |  |           |   |   |                  |           |                        |           |                        |                               |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |     |  |  |  |  |  |  |  |  |
| Independent (37 CFR 1.16(h))  | *   | Minus                                       | ***                        | =   | X \$ =                           | OR                                    | X \$ =                        |     |                            |                            |           |   |   |                  |            |  |           |                            |                   |     |              |              |           |          |           |          |   |      |       |       |     |        |    |  |     |                              |     |       |      |     |   |     |        |     |  |     |  |                                  |                       |    |                       |     |  |  |  |           |   |        |  |        |  |   |   |            |            |            |              |  |  |  |           |   |   |                  |           |                        |           |                        |                               |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |     |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |   |                            | TOTAL<br>ADD'L<br>FEE                             | OR                               | TOTAL<br>ADD'L<br>FEE                 | 840                           |     |                            |                            |           |   |   |                  |            |  |           |                            |                   |     |              |              |           |          |           |          |   |      |       |       |     |        |    |  |     |                              |     |       |      |     |   |     |        |     |  |     |  |                                  |                       |    |                       |     |  |  |  |           |   |        |  |        |  |   |   |            |            |            |              |  |  |  |           |   |   |                  |           |                        |           |                        |                               |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |     |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |   |                            |   |                                  |                                       |                               |     |                            |                            |           |   |   |                  |            |  |           |                            |                   |     |              |              |           |          |           |          |   |      |       |       |     |        |    |  |     |                              |     |       |      |     |   |     |        |     |  |     |  |                                  |                       |    |                       |     |  |  |  |           |   |        |  |        |  |   |   |            |            |            |              |  |  |  |           |   |   |                  |           |                        |           |                        |                               |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |     |  |  |  |  |  |  |  |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Legal Instrument Examiner:

Frederick E. Briscoe